

PRV – Enrollment Inactivity Notice/Termination

Purpose:

Iowa Administrative Code 79.14(10)

Providers who have not submitted claims in the last 24 months will be sent a notice asking if they wish to continue participation. Providers failing to reply to the notice within 30 calendar days of the date on the notice will be terminated as providers. Providers who do not submit any claims in 48 months will be terminated as providers without further notification.

Identification of Roles:

Primary Role - The below procedure will be performed by the Provider Enrollment Team.

Performance Standards:

N/A

Path of Business Procedure:

Core will generate an inactivity letter to notify providers that are at risk of being terminated and need to send a response to the IME if they wish to remain active. PRV 05 has been created in OnBase for tracking this process. PRV 05 “create letter” queue systematically generate inactivity letter to provider and PRV90 to be printed-no action by the user is needed in the PRV 05 “create letter” queue.

Step 1: Log onto OnBase

- a. Access PRV90 queue

Step 2: Print Inactivity letters from PRV90 queue

- a. Click on document
- b. Click user task “Print Letter”
- c. Print all letters in queue and mail to provider

Step 3: “PRV05 Logging”: Responses being sent back to the IME from the provider will go to PRV05 Logging to be key-worded and matched with documents in the PRV05 letter hold queue.

- a. Select PRV05 › Logging
- b. Click on Document
- c. Select user task “Log Response”
- d. Enter 7-digit reference number from letter
- e. Click on drop-down and select provider response
 1. Active Response › Go to Step 5
 2. Termination Response › Go to Step 6

Step 5: “PRV05 Active Response”: Documents for providers indicating they wish to continue as a provider

- a. No user action required

Step 6: “PRV05 Termination Response”: Documents for providers indicating they wish to terminate

- a. Select PRV05 › Termination Request
- b. Select Document
- c. Log into the Medicaid Management Information System (MMIS) Provider Master File 9
 - 1. Enter the action code “C”
 - 2. Enter 7-digit Medicaid Number (Reference number from letter)
 - 3. Enter Termination code J
 - 4. Enter date provider signed letter
 - 5. Press enter twice to update file
- d. Double-click user task Complete in OnBase
- e. Document will move to PRV05 Termination complete queue

Step 7: “PRV05 30-Day Termination”: Documents for providers who do not respond to the inactivity letter that was sent within 30 days

- a. Select PRV05 › 30 Day Termination queue
- b. Select document
- c. Log into MMIS Provider Master File 9
 - 1. Enter the action code “C”
 - 2. Enter 7-digit Medicaid Number (Reference number from letter)
 - 3. Enter Termination code J
 - 4. Enter date provider signed letter
 - 5. Press enter twice to update file
- d. Double-click user task Complete in OnBase
- e. Document will move to PRV05 Termination complete queue

Step 8: “PRV05 4-Year Termination”: Documents for providers with no claim activity for 4 years

- a. Select PRV05 › 4-Year Termination queue
- b. Select document
- c. Log into MMIS Provider Master File 9
 - 1. Enter the action code “C”
 - 2. Enter 7-digit Medicaid Number (Reference number from letter)
 - 3. Enter Termination code J
 - 4. Enter date provider signed letter
 - 5. Press enter twice to update file
- d. Double-click user task Complete in OnBase
- e. Document will move to PRV05 Termination complete queue

Forms/Reports:

Two-Year Inactivity Notice

RFP References:

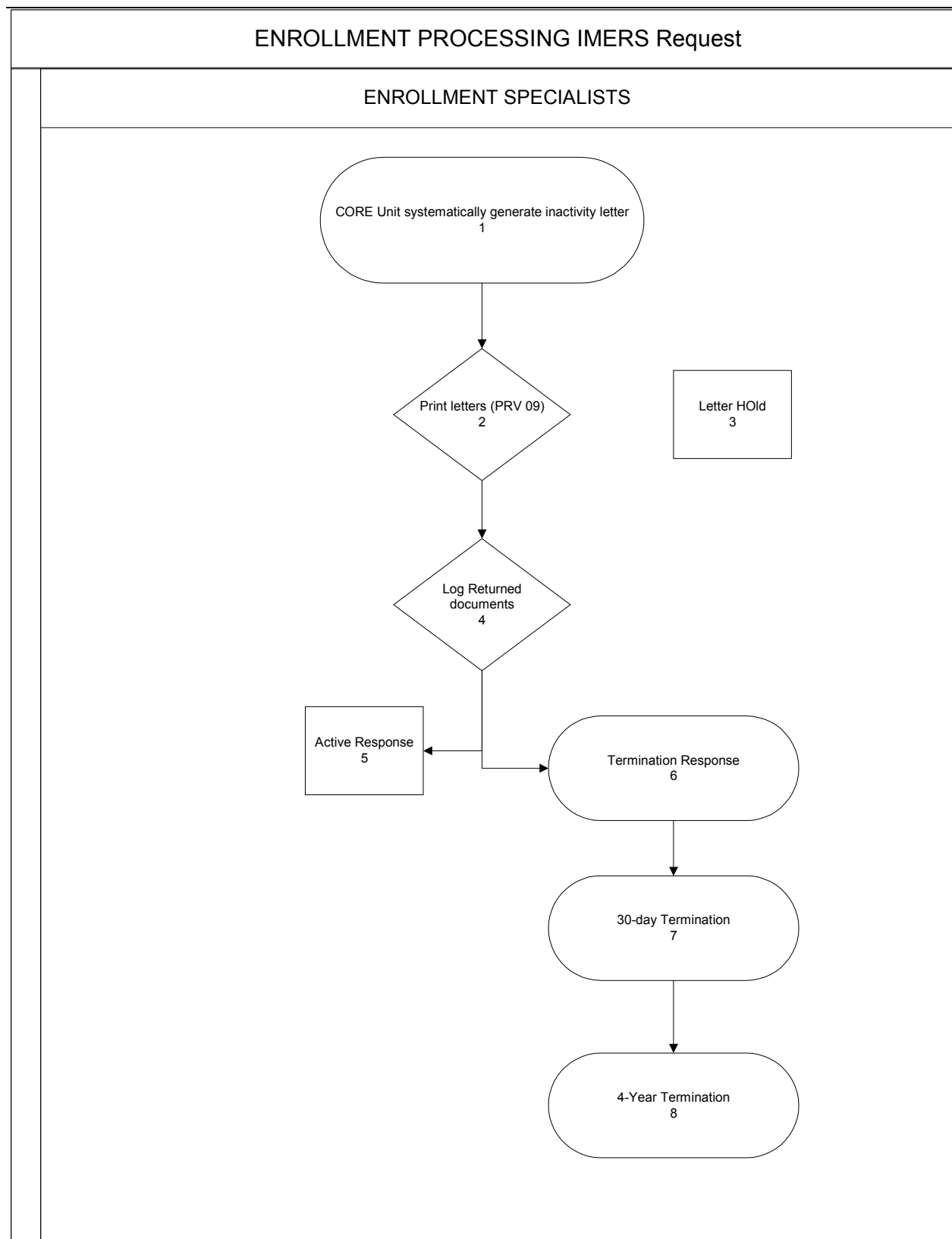
N/A

Interfaces:

OnBase
MMIS

Attachments:

Process Map
Two-Year Inactivity Notice



[Provider Name]
[Address Line 1]
[City, State, Zip]

[Date]

Iowa Medicaid Provider Number: [Provider Number] / NPI Number: [NPI Number]

RE: Two-Year Inactivity

Dear Medicaid Provider:

Our records show that your above referenced Iowa Medicaid Provider Number has not been used to submit claims to the Iowa Medicaid Enterprise for at least two years. This letter has been sent to you to ascertain if you wish to continue as a Provider in the Iowa Medicaid Enterprise. Indicate below your interest in continuing as a Provider in the Iowa Medicaid Enterprise.

- ☐ I wish to continue as a Provider in the Iowa Medicaid Enterprise.
- ☐ I no longer wish to participate in the Iowa Medicaid Enterprise. Please terminate my Provider Number.

Signed _____ Dated _____

If a response is not received within 30 days of the date of this letter, the Iowa Medicaid Enterprise will assume that you no longer wish to participate and will terminate your Provider number. If you have any questions regarding this notice, please contact Provider Services at: 1-800-338-7909 or locally at 515-725-1004.

Please complete the appropriate box. Sign, date, and return this letter to:

Iowa Medicaid Enterprise
Provider Services Unit
PO Box 36450
Des Moines, IA 50315

Sincerely,

Provider Services Unit
Iowa Medicaid Enterprise